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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ke-Wen DONG et al.

Title: RECOMBINANT, BIOLOGICALLY ACTIVE HUMAN ZONA PELLUCIDA PROTEIN 3 (hZP3)
TO TEST MALE FERTILITY

Serial No. 09/252,828

Filing Date: February 19, 1999

Examiner: L. COOK

Art Unit: 1641



AMENDMENT TRANSMITTAL

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment and Request for Reconsideration. The fee has been calculated as shown below.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	22	—	21	=	1	x	\$18.00	=	\$18.00
Independents:	9	—	6	=	3	x	\$78.00	=	\$234.00
First presentation of any Multiple Dependent Claims:						+	\$260.00	=	\$0.00
CLAIMS FEE TOTAL:								=	\$252.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$380.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$870.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,360.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,850.00	\$0.00
EXTENSION FEE TOTAL:			\$110.00
CLAIMS AND EXTENSION FEE TOTAL:			\$362.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$362.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$_____. A duplicate copy of this transmittal is enclosed.


☒ A check in the amount of \$362.00 is enclosed.

☒ The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11/13/00

By  Reg. No. 43,445

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